DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
DIVISION OF CHILD MENTAL HEALTH SERVICES

Mental Health Criteria for Hospitalization

Hospitalization that provides 24 hour medically supervised care and daily treatment should be used primarily for short term acute care to address symptoms that cannot be addressed at other levels of care. When the acute crisis is resolved, the client can continue treatment in a less restrictive program.

Primary Considerations:

I. **At least one of the following:**

A) **Self harm:** The client has made suicide attempts or credible threats of significant self injury with a plan and means. Risk factors to be considered include, but are not limited to: suicide of significant other, disturbed sense of reality, depression, hopelessness, previous suicide attempts, substance use, and recent losses.

B) **Life threatening risk:** The client has exposed himself or herself to life threatening risk. Examples include life threatening eating disorders, repeated drug overdoses requiring medical intervention, and extreme noncompliance with medical intervention for serious medical illnesses.

C) **Danger to others:** The client has a serious psychiatric disorder such as psychosis, or major affective disorder and displays behavior related to the disorder that may result in serious physical assault, sexual assault, or fire setting or other major harm to others.

D) **Severe Psychiatric disorder:** The client exhibits a severe psychiatric disorder such as an acute psychotic state, or multiple disorders that require intensive or frequent psychiatric or general medical evaluation or intervention.

II. **Least restrictive:** Care cannot be provided safely or effectively in less restrictive level of care.

Other considerations:

Clients may face problems and conditions that are not primarily mental health issues and do not warrant highly restrictive hospital based treatment. Such conditions are noted below.

- Intellectual limitations, such as mental retardation, which are a primary factor in the client's behavioral problems render the youth incapable of benefiting from interventions offered.
- Behavioral problems primarily characterized by disregarding rules and laws of society.
- Dysfunctional families, lack of age appropriate supervision, or parent -child conflict necessitating placement outside the home.

However, clients affected by these conditions also may be in acute crisis or develop other mental health problems that should be addressed at the appropriate level of care. Inter-Divisional and/or interdepartmental planning and intervention will frequently be necessary to address other conditions.

Following these guidelines, based on criteria and complicating conditions, each case is reviewed individually in order to establish the most appropriate course of intervention and treatment.

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Mental Health Criteria for Residential Treatment Centers (RTC)

Residential Treatment Centers (RTC) offers 24 hour structure and supervision and provide safety and a context for intense individual, family, and milieu treatment services.

Primary considerations:

I. **Mental health problems (one required):** The client exhibits clearly identifiable mental health problems or symptoms such as mood disorders, significant anxiety disorders (e.g. PTSD), and/or self injurious behavior/ideation which:

A) result in serious impairment in the client's functioning across settings including school, family, and community; or
B) make it impossible for the client to self-regulate their behavior without 24 hour support and management by mental health professionals; or,
C) create a high level of risk of direct injury to self or others without 24 hour supervision and therapeutic intervention by mental health staff.

II. **Least restrictive:**
Twenty four hour inpatient hospitalization is not necessary, and the client has received outpatient treatment (including office or home based services, crisis intervention, and day treatment of partial hospitalization) and has not made progress, cannot reasonably be expected to make progress, or is regressing, or there is evidence that the client could not be safely be treated in any less restrictive level of care.

III. **Family participation:** Family members and/or significant others in the client's support network (relatives, case managers, or mentors) will commit to regular participation in the treatment process and to the client's return to the community.

Other considerations:

Clients may face problems and conditions that are not mental health issues and do not warrant 24 hour mental health treatment. Such conditions are noted below.

- Intellectual limitations, such as mental retardation, make it unlikely that the client can benefit form interventions offered in a RTC. Developmentally compromised or chronically mentally ill may require a different setting.
- Behaviors that pose a significant threat to the safety of staff and other students (adjudicated delinquents may be unsafe to "mix").
- The client exhibits behavioral problems primarily characterized by disregarding rules and laws of society.
- Dysfunctional families, lack of age appropriate supervision, or parent-child conflict necessitate placement outside the home.
- There is an immediate severe psychiatric risk or a medical condition requires hospitalization.

However, clients affected by these conditions may have mental health concerns that should be treated at the appropriate level of care. Inter-Divisional and/or interdepartmental planning and intervention will frequently be necessary to address other conditions.

Following these guidelines, based on criteria and complicating conditions, each case is reviewed individually in order to establish the most appropriate course of intervention and treatment.

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Criteria for Individualized Residential Treatment (IRT)

This level of care provides a 24 hour specialized treatment in a home environment for clients whose behavior and psychiatric status precludes their ability to function in a less structured environment after receiving treatment in a residential treatment center. The client's natural home situation is unable to provide for the child and there are no identified parents, family, or friends interested in sharing their home and/or qualified in providing the level of behavior management intervention clinically necessary to maintain client in the community, home or school setting. These children, who challenging behaviors and special needs associated with their emotional and cognitive compromise, necessitate "treatment parents" who are extensively trained manage the issues and behaviors presented by these children and are required to be available on an as need basis to support these children in the community. The complexity of these children's problems require a team approach whereby the "treatment parents" are clinically supported by the organization employing them, there provisions for emergency clinical support and respite is provided for the "treatment parent".

Primary Considerations: (all required)

I A. Child must be
1. over the age of 12 and
2. currently receiving treatment in a mental health/substance abuse residential treatment center (RTC) due to a clearly identifiable and serious mental health or substance abuse disorder and
3. having completed treatment at the residential level

B. The child cannot function in a natural family **and** the demands presented by his/her mental health and/or substance abuse make him/her an unsuitable candidate for regular foster or group care.

C. The child is expected to attend public school within 30 days of entering the home.

II. **Least restrictive:**
Twenty four hour inpatient hospitalization or residential treatment is not clinically necessary, and based on child's history the child is unlikely to be successful in a home environment that offers fewer clinical services and supervision.

III. **Family participation:** Family members and/or significant others in the client's support network (relatives, case managers, or mentors) will commit to regular participation in the treatment process and to the client's return to a normal home environment. The "treatment parents" will participate in treatment, school, and community meetings.

Other Considerations:

Clients may face problems and conditions that are not mental health issues and do not warrant 24 hour mental health treatment. Such conditions are noted below.

- Diagnosis of mental retardation alone in the absence of a DSM AXIS I diagnosis is best served in a setting tailored to the special issues presented by the MR population.
- The client exhibits behaviors that pose a serious and imminent threat to himself, the safety of the "treatment parents", and/or other members of the household.
- There is an immediate severe psychiatric risk or a medical condition requires hospitalization.
- There is inadequate educational programming for an identified or potential special education student.
- The client exhibits behavioral problems primarily characterized by disregarding rules and laws of society.

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Crisis Intervention Services

Crisis intervention is immediate action taken to evaluate, stabilize, and intervene in critical or emergency situations that appear to involve mental health concerns. The goals are to address issues which precipitated the crisis, provide intensive short-term intervention, and identify and provide transition to any necessary follow on services.

Primary considerations:

I. There are mental health concerns, which require an immediate evaluation and intervention.

II. There is no apparent condition or injury requiring immediate medical attention.

Other considerations:

I. If an outpatient appointment can be scheduled in a satisfactory time period, outpatient should be considered first.

II. When the client is currently receiving appropriate mental health or substance abuse services, the crisis service should not routinely be utilized first for after hours calls.

III. When a service provider anticipates that a client may independently call the crisis service, the provider should consider calling the crisis service to develop a plan with the service to manage the case.

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Crisis Bed Services

A crisis bed is a substitute care setting that may be utilized for a period of up to 72 hours, when such substitute care will facilitate effective implementation of crisis intervention services.

Primary Considerations:

I. A crisis bed should not be used when other appropriate resources, e.g., extended family, are available to provide support and care.
II. The child would be at increased risk for hospitalization or other 24 hour care if the crisis bed is not utilized.

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Mental Health Criteria for Partial Hospitalization/Day Hospital

This level of care provides support and psychiatric services five days per week to clients living at home or in other residential settings. This level of care should be used for clients with severe, complex, or chronic psychiatric disorders requiring high intensity psychiatric medical services.

Primary Considerations:

I. **At least one of the following:**

A) **Self harm:** The client has made suicide attempts or credible threats with a plan and means. Risk factors to be considered include, but are not limited to: suicide of significant other, disturbed sense of reality, depression, hopelessness, previous suicide attempts, substance use, and recent losses.

B) **Medical risk:** The client has exposed himself or herself to medical risk, for example, eating disorders, repeated drug overdoses requiring medical intervention, and noncompliance with medical intervention for serious medical illnesses.

C) **Danger to others:** The client has a serious psychiatric disorder such as psychosis, or major affective disorder and displays behavior related to the disorder that may result in serious physical assault, sexual assault, or fire setting or other major harm to others.

D) **Severe, Complex, or Chronic Psychiatric disorder:** The client exhibits a severe, complex, or chronic psychiatric disorder that has led to compromised functioning in multiple areas which require frequent or intensive psychiatric or general medical evaluation or intervention which cannot safely or effectively be provided in alternative programs.

E) **Psychiatric oversight:** Is a necessary part of the client's treatment.

II. **Least restrictive :**

Twenty four hour inpatient hospitalization or RTC care is not necessary, and the client has received outpatient treatment (including office or home based services, crisis intervention, and day program) and has not made progress, cannot reasonably be expected to make progress, or is regressing in outpatient treatment, or there is evidence that the client could not be safely be treated in any less restrictive level of care.

III. **Family participation:** Family members and/or significant others, in the client's support network (relatives, case managers, or mentors) will commit to regular participation in the treatment process and to the client's return to the community.

Other considerations:

Clients may face problems and conditions that are not primarily mental health issues and do not warrant restrictive partial hospital treatment. Such conditions are noted below.

- Intellectual limitations, such as mental retardation, make it unlikely that the client can benefit from interventions offered in partial hospital.
- There is inadequate educational programming for an identified or potential special education student.
- The client exhibits behavioral problems primarily characterized by disregarding rules and laws of society.
- There are inadequate structured activities and supervision.

However, clients affected by these conditions may have mental health concerns that should be treated at the appropriate level of care. Inter-Divisional and/or interdepartmental planning and intervention will frequently be necessary to address other conditions.

Following these guidelines, based on criteria and complicating conditions, each case is reviewed individually in order to establish the most appropriate course of intervention and treatment.

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Mental Health Criteria for Day Treatment

Day treatment provides intensive psychiatric services and a milieu facilitating a more successful adaptation to community and regular educational environments when 24 hour care and intensive psychiatric/medical monitoring are not necessary. Services are provided five (5) days a week.

Primary consideration:

I. **At least one of the following:**

A) **Self harm:** The client within the last two years has made a significant suicide attempt or gesture and currently threatens self -harm or self -mutilation, especially in combination with a history of substance abuse, significant depression, borderline personality disorder, or other significant psychiatric conditions.

B) **Danger to others:** The client has a serious psychiatric disorder such as psychosis, or major affective disorder and displays behavior related to the psychiatric condition that may result in serious physical assault, sexual assault, or fire setting, or other major harm to others.

C) **Severe or Chronic Psychiatric disorder:** The client exhibits a psychiatric disorder such as major depression or chronic conditions that compromises functioning in multiple areas, and requires intensive psychotherapeutic intervention and/or a milieu that facilitates social skill development and reintegration into a regular community school environment.

II. **Least restrictive:**
Twenty four hour inpatient hospitalization or RTC or partial hospital care is not necessary and outpatient treatment (including office or home based services, or crisis intervention) has been attempted or considered and the youth has not made progress, or cannot reasonably be expected to make progress.

III. **Family participation:** Family members and/or significant others, in the client's support network (relatives, case managers, mentors) will commit to regular participation in the treatment process and to the client's return to the community.

Other considerations:

Clients may face problems and conditions that are not mental health issues and do not warrant five day per week mental intervention, removing the client from school. Such conditions are noted below:

- Intellectual limitations, such as mental retardation, make it unlikely that the client can benefit from interventions offered.
- There is inadequate educational programming for an identified or potential special education student.
- The client exhibits behavioral problems primarily characterized by disregarding rules and laws of society.

However, clients affected by these conditions may have mental health concerns, which should be treated, at the appropriate level of care. Inter-Divisional and/or interdepartmental planning and intervention will frequently be necessary to address other conditions.

Following these guidelines, based on criteria and complicating conditions, each case is reviewed individually in order to establish the most appropriate course of intervention and treatment.

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Mental Health Criteria for Evening After School Program*

Mental Health treatment in the evening after school-based program provides support and psychiatric services one to three days per week for clients living at home or in other residential settings. It is designed for clients who are able to attend school during the day but require intensive treatment including medication monitoring, individual, family, and group intervention to be maintained in their community based school setting. The service should be time-limited, focused on specific goals, and used as step-down from high intensity psychiatric services and/or used to aid in transition between levels of care while facilitating adjustment to the community based school setting.

Primary Considerations:

I. The client exhibits a severe, complex, or chronic psychiatric disorder that significantly compromises functioning in multiple areas that requires frequent or intensive psychiatric monitoring.

II. The youth can be maintained in the family and the school setting within this level of care.

III. **Least Restrictive (one of the following required):**

A. Twenty four hour inpatient hospitalization, RTC or Day Treatment is no longer necessary and more intensive services than traditional outpatient or IOP are required, or

B. The client has received lower intensity outpatient services and has not made progress, cannot reasonably be expected to make progress, and is regressing in outpatient treatment or is not likely to benefit from outpatient treatment.

IV. Family Participation: Family members or significant others in the client's support network (relatives, case manager, mentors) will commit to regular participation in the treatment process and to maintaining the client in the community.

Other Considerations:

I. If the problem occurs primarily in school, consultation with counselors, the school crisis team, and others may be helpful prior to using evening after school program services.

II. Severe psychiatric conditions, complex medication issues, and severe family dysfunction may require a higher level of care.

III. Youth who exhibit behavior problems characterized primarily by disregarding rules may not profit from this mental health intervention.

IV. Outpatient interventions are primarily verbal based and some youth may not benefit from treatment in this modality.

* DCMHS no longer has this service available

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Intensive Outpatient (IOP) Services

Intensive Outpatient Treatment is focused, professionally directed evaluation and treatment of at least 3 hours per week. It is designed for the client who needs intensive treatment including services at school, in the clients home, and in the community in addition to the therapist's office, but can live at home and attend school or work during the day.

Payment Considerations

I. Mental health problems that significantly compromise functioning.

II. Least restrictive (one of the following required):

A. Twenty four hour inpatient hospitalization, RTC or Day Treatment is no longer necessary and more intensive services than traditional outpatient are required, or

B. The client has received lower intensity outpatient treatment and has not made progress, cannot reasonably be expected to make progress, is regressing in outpatient treatment, or is not likely to benefit from outpatient treatment.

III. **Family participation:** Family members or, in exceptional cases significant others, in the client's support network (relatives, case managers, mentors) will commit to regular participation in the treatment process and to maintaining the client in the community.

Other considerations

Clients may face problems and conditions that are not mental health issues and do not warrant intensive outpatient treatment. Such conditions are noted below:

- Intellectual limitations that frequently render the youth incapable of profiting from interventions offered.
- The client exhibits behavioral problems primarily characterized by disregarding rules and laws of society.

However, clients affected by these conditions may have mental health treatment concerns that should be treated at the appropriate level of care. Interdivisional and/or interdepartmental planning and intervention will frequently be necessary to address other conditions.

Following these guidelines, based on criteria and complicating conditions, each case is reviewed individually in order to establish the most appropriate course of intervention and treatment.

Mental Health Outpatient

Mental health outpatient treatment is the least restrictive level of mental health intervention. It is designed for children/youth who have been identified as exhibiting mental health symptoms requiring evaluation and/or treatment, most typically on a scheduled basis. Although the frequency of appointments might range from once a month to several times a week, the typical client would be seen once or twice a week for a period of three to six months. Family participation and utilization of community resources are emphasized.

Primary considerations:

I. The child has at least one mental health symptom requiring evaluation or treatment.

II. The child or youth can be maintained in the family and school setting within this level of care.

III. The child's or youth's family or support system should be willing to participate in treatment.

Other considerations:

I. If the problem occurs primarily in the school, consultation with counselors, the school crisis team, and others may be helpful prior to mental health outpatient services.

II. Severe psychiatric conditions, complex medication issues, and severe family dysfunctions may require a higher level of care.

III. Youth who exhibit behavior problems characterized primarily by disregarding rules may not profit from this mental health intervention.

IV. Outpatient interventions are primarily verbally based and some youth may not benefit from treatment in this modality.

V. If substance abuse is the primary problem, substance abuse services should be utilized.

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Mental Health Criteria for Aide Services

(Wrap Around)

Aide services are designed to augment mental health services provided directly by mental health providers through the use of a paraprofessional working directly with the client and family to carry out elements of the mental health treatment plan. Generally the aide would be available to help generalize treatment efforts to other settings. The service should generally be time limited, focused on specific goals, and used to aid in transition between levels of care or to facilitate adjustment to developmental tasks.

Primary consideration:

I. The client must be engaged in mental health treatment at least at the outpatient level. (Aide services are not a stand-alone treatment.)
II. The goals for the aide must be integrated into the mental health treatment plan.
III. There should be an attainable goal with a time limited period of intervention for each goal. Goals should be stated in concrete behavioral or skills terms.
IV. The client has mental health symptoms that are severe, chronic, and/or pervasive, and are not responding or cannot reasonably be expected to respond to traditional outpatient treatment alone.
V. Without the aide service, the client would require a higher level of service provision.

Other considerations:

The family and community support system must be involved as much as is feasible with the client. The ultimate goal of treatment that utilizes aide services is to transition the client to community-based support systems. Examples of situations where an aide is not warranted is noted below.

- The aide functions can adequately be served by a parent, relative, or other individual in the child/adolescent's support network.
- Other community resources such as Big Brothers-Big Sisters of Delaware, Inc. could be utilized instead of aide services.
- The services required are primarily for client care and supervision, transportation, or other parental responsibilities.
- The services are required primarily to prevent antisocial activity or supervise a child/adolescent with primary behavioral problems.

Inter-Divisional and/or interdepartmental planning and intervention will frequently be necessary to address these situations.

Following these guidelines, based on criteria and complicating conditions, each case is reviewed individually in order to establish the most appropriate course.